

# REGISTRATION FORM



**VCC USE ONLY**  
REGISTRATION ACCEPTED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

## VIENNA COMMUNITY CENTER

One household per registration form, please.

PAYMENT METHOD: (Check One):

☐ Credit Card type:

Town of Vienna  
Parks and Recreation  
120 Cherry St. SE  
Vienna, VA 22180  
703-255-6360  
[www.viennava.gov](http://www.viennava.gov)

☐ American Express ☐ Discover ☐  ☐ 

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Total: \_\_\_\_\_

Signature: \_\_\_\_\_

(I agree to pay above total amount according to card user)

☐ Cash (walk in only) ☐ Check enclosed \$ \_\_\_\_\_ #: \_\_\_\_\_

Adult First Name \_\_\_\_\_ Last Name \_\_\_\_\_ E-Mail Address **\*(Important)\*** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) ( ) ( )

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Are you an in-town resident? YES NO Is the above a change of address? YES NO

PARTICIPANT NAME	DATE OF BIRTH	M/F	ACTIVITY/SECTION NUMBER	ACTIVITY NAME	FEE
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In consideration of the registrant being granted permission by the Town of Vienna, Virginia to participate in this program & associated activities, I hereby release the Town of Vienna, Virginia & its officers, employees, agents, & volunteers from any & all liability relating to or arising out of the registrant's participation. I authorize the Town of Vienna and its officials, employees, agents & volunteers, at any such person's discretion, to administer emergency first aid treatment & at my expense, to obtain the services of a physician(s) and/or rescue squad & to authorize the same to effect such treatment of the registrant as they deem advisable.

Signature of Participant, parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_